

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

4223

1. PLACE OF DEATH

County *Prince George*
Village or City *Rivendale*, Md.

Length of residence in city or town where death occurred *37* yrs. *0* mos. *0* ds. How long in U.S. if of foreign birth? *0* yrs. *0* mos. *0* ds.

2. FULL NAME *Wilbur J. ALLEN*

(a) Residence: No. *901 Jefferson Ave* *Rivendale, Md.*
(Usual place of abode)

91

Registration Dist. No.

245

St. *Ward*

(If death occurred in a hospital or institution, give its NAME instead of street and number)

If U. S. Veteran, specify WAR

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M *W*

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)
married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Louise E. Allen*

6. DATE OF BIRTH (month, day, and year)

Sept 19, 1859.

7. AGE

76

Years

Months

1

Days

*2*If LESS than
1 day, ____ hrs.
or ____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.
Retired

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)*Washington, D.C.*

MOTHER FATHER

13. NAME *Edwin Allen*14. BIRTHPLACE (city or town)
(State or country) *Virginia.*15. MAIDEN NAME *Miss Cornwell*16. BIRTHPLACE (city or town)
(State or country) *Washington D.C.*17. INFORMANT *Mrs Louise E. Allen*
(Address) *901 Jefferson Ave. Rivendale, Md.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Washington D.C.* Date *Sept. 21, 1936*19. UNDERTAKER *H. W. Chambers Co.*
(Address) *1400 Chapel St. N. W. Wash.*20. FILED *Sept. 21, 1936* *Jas. S. Davis* *D.S.*

21. DATE OF DEATH

Sept 21

(Month)

(Day)

, 19*36* (Year)

22. I HEREBY CERTIFY That I attended deceased from

Sept 20, 1936 to *Sept 21, 1936*I last saw deceased alive on *Sept 21, 1936*to have occurred on the date stated above, at *3:45 P.M.*The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:*Sept 21, 1936**Arterio Sclerosis of
many years*Other Contributory Causes of importance: *None*

Date of onset

*Sept 21, 1936*Name of operation *None* Date of *None*What test confirmed diagnosis? *None* Was there an autopsy? *No*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? *None* Data of injury *None*, 19*36*Where did injury occur? *None*

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury *None*Nature of injury *None*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *None*(Signed) *Samuel F. Palmer, M.D.*(Address) *1400 Chapel St. N. W. Wash.*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

4224

1. PLACE OF DEATH

County Prince George

Village or City ^{N.} Laurel

Length of residence in city or town where death occurred 2 yrs. 11 mos. 21 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

92-a
30
Registration Dist. No. 239

St. Ward

No. Laurel Sanatorium

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Kate Ambrose

(a) Residence: No. Hyde, Baltimore County
(Usual place of abode)

St. Ward.

o 3X-
If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	white	widowed

5a. If married, widowed, or divorced

HUSBAND OF
(or) WIFE OF John F. Ambrose

6. DATE OF BIRTH (month, day, and year) December 12, 1855.

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
80	3		20	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Maryland

13. NAME John M. Knowles

14. BIRTHPLACE (city or town)
(State or country) England

15. MARRIED NAME Mary E. ATKINSON

16. BIRTHPLACE (city or town)
(State or country) England17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. John's Long Green Date April 3, 1936

19. UNDERTAKER Wm. J. Lockhart & Sons
(Address)20. FILED April 9, 1936 M. Bragheas
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

April 1
(Month) 1936
(Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from April 10, 1936, to April 1, 1936.

I last saw her alive on April 1, 1936; death is said to have occurred on the date stated above, at 5:15 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Endocarditis

Other Contributory Causes of Importance:

Chronic Myocarditis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) I believe V. Avery
(Address) Laurel, Md. M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED		Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis	APR 7 1928	1921
Cerebral hemorrhage		July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

Date of onset
Attack of epilepsy
Run over by street car
Peritonitis

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

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STATE OF MARYLAND—CERTIFICATE OF DEATH

4225

1. PLACE OF DEATH

County Prince George County
Village or City Takoma Park

97

X

Registration Dist. No. 223

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

No. 260 Ethan Allen Ave. St. Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Joseph Franklin Ashford

(a) Residence: No. 260 Ethan Allen Ave.
(Usual place of abode)

If U. S. Veteran specify WAR

St. Ward

X

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5e. If married, widowed, or divorced
HUSBAND OF (or) WIFE of Georgia A. Ashford

6. DATE OF BIRTH (month, day, and year) May 29, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	10	15	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Retired stone cutter
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Alexandria
(State or country) Virginia

13. NAME Michael Ashford

14. BIRTHPLACE (city or town) Virginia
(State or country)

15. MAIDEN NAME Mary Shuster

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs. Georgia A. Ashford
(Address) 260 Ethan Allen Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Glenwood Cem. Date April 16, 36
Washington, D. C.

19. UNDERTAKER The J. H. Hines Co.
(Address) 2901 14th St. N.W. D. C.

20. FILED April 15, 1936 No. E. Rogers
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

April 14th, 1936
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Feb. 1, 1936, to April 14, 1936
I last saw him alive on April 14, 1936; death is said to have occurred on the date stated above, at 2:30 P.M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arteriosclerosis
Gangrene of fingers and toes
Date of onset 10 years ago
Cause of death

Other Contributory Causes of Importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. H. Howlett M. D.

(Address) 928 8th St., Silver Spring, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1

The principal cause of death and related causes of importance were as follows:

RECEIVED
Arteriosclerosis
Chronic interstitial nephritis MAY 5 1951
Cerebral hemorrhage
BUREAU V. S.

Other contributory causes of importance:

Gallstones May 1, 1923

Example III

The principal cause of death and related causes of importance were as follows:

<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>
Other contributory causes of importance:	
<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH 4226

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Prince GeorgeVillage or City Meadows, Md.

(23)

Registration Dist. No.

235

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs.mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Rose Ellen Batson(a) Residence: No. Upper Marlboro Rd. 1(Usual place of abode) Meadows, Md.St. Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female negro

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofRichard N. Batson

6. DATE OF BIRTH (month, day, and year)

7. AGE 50 Years 11 Months 24 Days If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year) April 3, 193611. Total time (years)
spent in this
occupation LifeHousewife

12. BIRTHPLACE (city or town)

(State or country) Maryland

MOTHER FATHER

13. NAME

John Hawkins14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME

Mary Emily Fleet16. BIRTHPLACE (city or town) Maryland
(State or country)17. INFORMANT
(Address)Ellen Cooke

18. BURIAL, CREMATION, OR REMOVAL

Meadows Md. 4/16
Place 4/16 Date 193619. UNDERTAKER
(Address)P. L. C. Bros.
Upper Marlboro Md.20. FILED 4/13/36 19 Thos D. Gifford

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

April 12, 1936
(Month) (Day) (Year)22. I HEREBY CERTIFY. That I attended deceased from
March 10, 1936, to April 12, 1936I last saw her alive on April 11, 1936; death is said
to have occurred on the date stated above, at 10:30 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Bilateral
Acute Pulmonary
TuberculosisDate of onset
about
3/1/36

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Positive Sputum Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19_____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Paul C. Van Matto M. D.
(Address) Baltimore, Md. - 1041

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	MAY 7 1936
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

4227

1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

yrs.

mos.

ds. How long in U. S. If of foreign birth? yrs.

mos. ds.

82-a

Registration Dist. No.

245

St.

Ward

No. 222 School St.

2. FULL NAME

(a) Residence: No. 222 School St.

(Usual place of abode)

St.

Ward.

Brentwood Md.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced

HUSBAND of

(or) WIFE of

Mathilda Brown.

6. DATE OF BIRTH (month, day, and year)

April 25, 1870

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

66 60

- 3

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

13. NAME

Joseph Brown

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

Sarah Motte

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER

(Address)

20. FILED

Date

Mrs. Jas. Severe

Deputy Registr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Apr

28

1934

22. I HEREBY CERTIFY That I attended deceased from

1934

to 1934

I last saw deceased alive on

1934

death is said

to have occurred on the date stated above, at 11:45 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

April 28

Date of onset

Other Contributory Causes of importance:

Paralysis

Date of

Name of operation

now

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

now

Date of Injury

Where did Injury occur?

now

Date of

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

✓

Nature of Injury

✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. D.

(Address)

Hyattsville

Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED
Chronic interstitial nephritis	
Cerebral hemorrhage	MAY 4 1936
	BUREAU V. S.

Date of onset

1915

1921

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

4228

1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

yrs. mos. s. How long in U. S. if of foreign birth? yrs. mos. ds.

82-a

Registration Dist. No.

242

St.

Ward

2. FULL NAME

(a) Residence: No. 22 Richardson

(Usual place of abode)

S.

Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

5a. If married, widowed, or divorced

HUSBAND or
(or) WIFE

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years
66Months
6Days
2If LESS than
1 day, 7 hrs.
or 35 min.

8. OCCUPATION

Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK-MAKER,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Arlington N.W. Date: April 6, 1936

19. UNDERTAKER

(Address)

20. FILED

(Address)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

April, 26, 1936
(Month) (day) (Year)

22. I HEREBY CERTIFY That I attended deceased from

Nov. 1933 to April 30, 1936.

I last saw deceased alive on March 30, 1936; death is said

to have occurred on the date stated above, at 7:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance

were as follows:

Cerebral Hemorrhage

Date of onset
1934.

Other Contributory Causes of importance:

General debility

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) _____

Address _____

R. R. #1, Box 44, Pleasant, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage		May 5, 1922
Other contributory causes of importance:		
Gallstones		May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		
Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

4229

1. PLACE OF DEATH

County

Brent Berry

50

Registration Dist. No.

St. _____ Ward _____

Village or City

Mt Rainier

Length of residence in city or town where death occurred

WITHIN BUREAU OF THE CENSUS

No. _____ (If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Marie R Clement

(a) Residence: No. 3938-31st St. Mt Rainier St.
(Usual place of abode)

If U. S. Veteran, specify WAR

Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

John E. Clement

6. DATE OF BIRTH (month, day, end year)

Sept 26 1880

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
	55	6	9	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	At Home
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)

Maryland

FATHER

13. NAME James E. Herbert

14. BIRTHPLACE (city or town)
(State or country)

Md.

MOTHER

15. MAIDEN NAME Elizabeth E. Walsh

16. BIRTHPLACE (city or town)
(State or country)

Wash. D.C.

17. INFORMANT

Elizabeth E. Walsh
(Address) 3938-31st St. Mt Rainier Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Wash. D.C. Date April 7, 1936

19. UNDERTAKER

(Address) Perry Walsh

20. FILED April 5, 1936 10 a.m. M. W. M. W.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

April 5, 1936
(Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from July 1935 to April 5, 1936. I last saw her alive on April 2, 1936; death is said to have occurred on the date stated above, at 12 P.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma of Left Breast	Date of onset
Recurred following	
Amputation	

Other Contributory Causes of Importance:

Name of operation Breast amputation Date of Nov 1935
What test confirmed diagnosis Histological tissue Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. W. Leffler
(Address) 900-17th N.W. Washington, D.C. M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	RECEIVED	Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis	MAY 7 1920	1921
Cerebral hemorrhage		July 5, 1927
	DUNRAUL V. S.	

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

4230

1. PLACE OF DEATH

County Prince George'sVillage or City BellevueRegistration Dist. No. 232

Length of residence in city or town where death occurred

97

mos.

ds.

How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Stillborn Colbey

St. _____ Ward. _____

(a) Residence: No.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u></u>
--------------------	---------------------------------	-------------------------------------------------------------------

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of 6. DATE OF BIRTH (month, day, and year) June 3rd 19367. AGE Years Stillborn Months Days If LESS than
1 day, _____ hrs.
or _____ min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 12. BIRTHPLACE (city or town)
(State or country) BellevueMaryland13. NAME Jesse H. Colbey14. BIRTHPLACE (city or town)
(State or country) Maryland15. MAIDEN NAME Marie Greene16. BIRTHPLACE (city or town)
(State or country) Maryland17. INFORMANT Jesse H. Colbey
(Address) Upper Marlboro Rd 120

18. BURIAL, CREMATION, OR REMOVAL

Place Meadows Rd Date May 4, 193619. UNDERTAKER Jesse H. Colbey
(Address) Upper Marlboro Rd 120. FILED April 4, 1936 At Upper Marlboro by Frank
Registrar Frank

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 3

(Month)

(Day)

(Year) 1936

22. I HEREBY CERTIFY, That I attended deceased from

, 19 _____ to

, 19 _____

I last saw h. _____ alive on _____, 19 _____; death is said to have occurred on the date stated above, at _____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Stillborn
No physician was attending

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Frank
(Address) Upper Marlboro Rd 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis		Date of onset
Chronic interstitial nephritis	MAY 5 1936	1921
Cerebral hemorrhage		July 5, 1927
RECEIVED DR. REED V. S.		

Other contributory causes of importance:

Gallstones	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

4231

1. PLACE OF DEATH

County *Prince George*Village or City *Bescoye*

92-a

Registration Dist. No. *230*St. *Ward*Length of residence in city or town where death occurred *30* yrs.mos. *ds.* How long in U.S. if of foreign birth? *mos. ds.*2. FULL NAME *William Daniel Cox*(a) Residence: No. *Bescoye*

(Usual place of abode)

If U.S. Veteran specify WAR

St. *Ward*

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>MARRIED</i>
--------------------	-------------------------------	---------------------------------------------------------

5a. If married, widowed, or divorced

HUSBAND of

(or wife of)

Mary A. Cox

6. DATE OF BIRTH (month, day, end year)

Feby 11 st 1871

7. AGE <i>65</i>	Years	Months <i>2</i>	Days <i>7</i>	If LESS than 1 day, <i>hrs.</i> or <i>min.</i>
------------------	-------	-----------------	---------------	------------------------------------------------

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. *Primer &*9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. *Stone works*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *P. G. Co*
(State or country) *Md*13. NAME *John Cox*14. BIRTHPLACE (city or town) *S. C.*
(State or country)15. MAGEON NAME *Cassie Simpson*16. BIRTHPLACE (city or town) *P. G. Co.*
(State or country) *Md*17. INFORMANT *Mrs. Mary A. Cox*
(Address) *Bescoye*18. BURIAL, CREMATION, OR REMOVAL
Place *Fort Lincoln* Date *April 22, 1936*19. UNDERTAKER *F. Gasch Sons*
(Address) *Bryantville, Md*20. FILED *April 21, 1936* John D. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH *Apr 18*(Month) *Apr* (Day) *18* (Year) *1936*

22. I HEREBY CERTIFY, That I attended deceased from

—, 1925, to *Apr 18*, 1936; death is saidI last saw him alive on *Apr 15*, 1936; death is said to have occurred on the date stated above, at *5 P.M.*

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Endocarditis Date of onset *1929 +*

Other Contributory Causes of Importance:

Acute dilatation

Date of onset

Name of operation *No*

Date of

What test confirmed diagnosis? *No*Was there an autopsy? *No*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? *No*Date of injury *19*Where did injury occur? *No*

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify

(Signed) *John D. Smith* M. D.
(Address) *Bescoye*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

RECEIVED		
The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	MAY 5 1936	Date of onset
Chronic interstitial nephritis	1921	
Cerebral hemorrhage	July 5, 1927	

Example II

The principal cause of death and related causes of importance were as follows:		
Attack of epilepsy	1 week ago	Date of onset
Run over by street car	1 week ago	
Peritonitis	3 days ago	

Other contributory causes of importance:

Gallstones	May 1, 1923	Date of onset

Other contributory causes of importance:

Gastroenteritis	1 year	Date of onset

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

4232

1. PLACE OF DEATH

County *Prince George*Village or City *Maryland Park*

Length of residence in city or town where death occurred

— yrs. — mos. — ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

210-2

Registration Dist. No.

242

St.

Ward

2. FULL NAME

Walter H Davis(a) Residence: No. *1108 4th St. S.E. D.C.* St.

(Usual place of abode)

World War Veteran. ✓
RR-48

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Male

White

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Mary Ellen Davis*

6. DATE OF BIRTH (month, day, and year)

1889

7. AGE

Years

Months

Days

IF LESS than
1 day, ____ hrs.
or ____ min.

47

Unknown

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)

Steam Engineer

11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Cumberland Md

MOTHER

FATHER

13. NAME

Unknown

14. BIRTHPLACE (city or town)
(State or country)

Unknown

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town)
(State or country)

Unknown

17. INFORMANT *Jack Schyott*
(Address) *Maryland Park, Md.*18. BURIAL, CREMATION, OR REMOVAL
Place *Bethel Cemetery* Date *April 28, 1936*19. UNDERTAKER *Pritchett Bros.*
(Address) *Upper Marlboro*20. FILED *April 28, 1936* John E. Nease
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

April
(Month)26
(Day)1936
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

I last saw h. alive on to death is said

to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:*Fractured Cervical Vertebra*

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? *Accident* Date of injury *April 26, 1936*
Where did injury occur? *Maryland Park* On *the way to* *the*
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

*One public laundry*Manner of injury *Push by motor vehicle*Nature of injury *Fractured Cervical Vertebra*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Oscar F. Loring* M. D.
(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	MAY 6 1936	July 5, 1927
BUREAU V. S.		

Other contributory causes of importance:

Gallstones

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		
Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County *Prince George's*Village or City *Westwood*

Length of residence in city or town where death occurred

yrs.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

95-B

Registration Dist. No.

St. Ward

yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Sophia Duckett*

(a) Residence: No.

(Usual place of abode)

St. Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Female

Colored

Married

Husband of

(or) Wife of

George Duckett

6. DATE OF BIRTH (month, day, and year)

Feb. 8, 1868

#848

7. AGE Years Months Days If LESS than

68

1

24

1 day, hrs.

or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

1936

11. Total time (years) spent in this occupation

1/6

12. BIRTHPLACE (city or town)
(State or country)

Westwood

P. T. and

13. NAME *Davy H. Hawkins*14. BIRTHPLACE (city or town)
(State or country)

Westwood

P. T. and

15. MAIDEN NAME *Bethie Douglass*

Westwood

P. T. and

16. BIRTHPLACE (city or town)
(State or country)

Brooke Church

Date April 4, 1936

Place

17. INFORMANT *George Duckett*

(Address) Westwood, Md.

18. BURIAL, CREMATION, OR REMOVAL

Brooke Church

Place

19. UNDERTAKER *Bethie Bus.*

(Address) Upper Marlboro

20. FILED April 2, 1936

Ernest Barnes

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

April

2

, 1936

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on _____, 19_____, to _____, 19_____.; death is said

to have occurred on the date stated above, at 6 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Has had no pleurisy
was dead when Dr. Dr.
arrived. Husband informed
suspected organic heart disease

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____.
Where did injury occur? _____

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *Household labor*(Signed) *Wolfgang H. Gibbs* M. D.(Address) *Lower Marlboro*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis	APR 6 1935	1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		
Gallstones		May 1, 1923
Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

*for authority to change date of birth see form letter
filed under gibbons, 5-14-36. 73.*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

4235

1. PLACE OF DEATH

County Prince George
Village or City Berwyn

Length of residence in city or town where death occurred life yrs. 0 mos.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registration Dist. No. 230St. Wardds. How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Charles Samuel Giddings

(a) Residence: No. Berwyn m.d. St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
--------------------	-------------------------------	--------------------------------------------------------------------------

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofMarie Brown6. DATE OF BIRTH (month, day, and year) Nov 28. 1858

7. AGE <u>78 yrs</u>	Years <u>7</u>	Months <u>9</u>	Days <u>10</u>	If LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>retired Painter</u>	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u></u>	
10. Date deceased last worked at this occupation (month and year) <u>10 yrs</u>	11. Total time (years) spent in this occupation <u></u>

12. BIRTHPLACE (city or town) m.d.
(State or country)

13. NAME <u>Joseph Giddings</u>
14. BIRTHPLACE (city or town) <u>unknown</u> (State or country)
15. MAIDEN NAME <u>Mary Ann Davis</u>
16. BIRTHPLACE (city or town) <u>not known</u> (State or country)

17. INFORMANT <u>George B. Giddings</u> (Address) <u>Berwyn m.d.</u>

18. BURIAL, CREMATION, OR REMOVAL Place <u>Bethesda m.d.</u> Date <u>Apr 23/36</u>

19. UNDERTAKER <u>O. J. Gaskel Son</u> (Address) <u>Bethesda m.d.</u>

20. FILED <u>April 21, 1936</u> John D. Smith Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Apr 18

(Month) Apr (Day) 18, (Year) 1936

22. I HEREBY CERTIFY, That I attended deceased from

Mar 1, 1936 to Apr 18, 1936

I last saw him alive on Mar 17, 1936; death is said to have occurred on the date stated above, at 11:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic EndocarditisDate of onset
29 pt

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) O. J. Gaskel

M. D. _____

(Address) Bethesda m.d.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis	MAY 5 1936	1921
Cerebral hemorrhage		July 5, 1927
	HOSPITAL V. S.	

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

4236

1. PLACE OF DEATH

County Prince George
Village or City Forestville, Md

131

Registration Dist. No.

235

St. Ward

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.2. FULL NAME Georgianna Gray(a) Residence: No. Benning D.C. R#1 St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Female white Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofWilliam F Gray.

6. DATE OF BIRTH (month, day, and year)

Aug 22 1856.

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

79

8

7

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BODKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)Housework11. Total time (years)
spent in this
occupationJan 1 1936Life

12. BIRTHPLACE (city or town)

(State or country)

Maryland.

MOTHER FATHER

13. NAME

George Anderson

14. BIRTHPLACE (city or town)

(State or country)

Maryland

15. MAIDEN NAME

Martha Vermillion

16. BIRTHPLACE (city or town)

(State or country)

Maryland.

17. INFORMANT

(Address)

Atwell GrayBenning D.C. R#1

18. BURIAL, CREMATION, OR REMOVAL

Place

ForestvilleDate 5/1/36, 19

19. UNDERTAKER

(Address)

H. M. Padgett133-11-26 S.E. D.C.20. FILED 7/30/36, 19 Thos D Griffith

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

April 29
(Month) (Day) 1936 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Jan 1 1936, 19 to Apr 29, 1936
last seen here alive on April 28, 1936; death is saidto have occurred on the date stated above, at 4:35 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Chronic Cholecystitis
Chronic Enteritis
nephritis
General ArteriosclerosisDate of onset
unknownSept
1935March
1936

Other Contributory Causes of Importance:

Secondary Anemia March
1936

Name of operation _____ Date of _____

What test confirmed diagnosis? done Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Paul C Van Yatta M. D.(Address) Benning D.C. R#1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	MAY 7 1928
Chronic interstitial nephritis	
Cerebral hemorrhage	18 JUNE 1928

Date of onset

1915

1921

July 5, 1927

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

3 days ago

Peritonitis

Other contributory causes of importance:

Gallstones

May 1, 1928

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

4237

1. PLACE OF DEATH.

County

PRINCE GEORGES

CORPORATE LIMITED

Village or City

LAWRENCE

TOWNSHIP

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis	MAY 5 1936	1921
Cerebral hemorrhage		July 5, 1927
BUREAU V. S.		

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Prince George
Village or City Forrestville

(131)

Registration Dist. No.

50

4238

235

Ward

Length of residence in city or town where death occurred 5 yrs. 2 mos. 25 ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME John Henry Grinley

(a) Residence: No. Alma Hayes St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofAlma Hayes

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
<u>68</u>	<u>2</u>	<u>22</u>		

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1928 | 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town)
(State or country) Barnbridge Pa

13. NAME John H. Grinley
14. BIRTHPLACE (city or town)
(State or country) not known

15. MAIDEN NAME Katie Dittmer
16. BIRTHPLACE (city or town)
(State or country) York County Pa

17. INFORMANT Self
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 4/4, 1936

19. UNDERTAKER W. W. Chambers
(Address) 517-11th St. N.E.

20. FILED 4/1/36, 1936 W. S. D. Suffield
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

April 1st
(Month) (Day)

6
(Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1931, to April 1st, 1936. I last saw him alive on March 29, 1936; death is said to have occurred on the date stated above, at 10:50 a.m.. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Data of onset

Senile myocardiitis
Intersitital nephritis
3 yrs ago
3 yrs ago

Other Contributory Causes of importance:

acute Cardiac decompensation 15 minutes

Name of operation None Date of —

What test confirmed diagnosis? None Was there an autopsy? N.D.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed)

W. S. D. Suffield M. D.
Rt. 1, Dennis Sta. D.S.
(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
APR 8 1936	

Other contributory causes of importance: Y. S.

Gallstones	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

4239

1. PLACE OF DEATH

County Prince GeorgeVillage or City Hyattsville

Length of residence in city or town where death occurred

yrs. mos. 12 ds. How long in U. S. if foreign birth? yrs. mos. ds.

(131)

40

Registration Dist. No.

245

No. Mother Jones Rest Home Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Henry B. Harvey(a) Residence: No. 4007 N. St., Ward.

If nonresident give city or town and State

NR-48

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Oct 12 1864

7. AGE <u>71</u>	Years	Months <u>15</u>	Days <u>21</u>	IF LESS than 1 day, _____ hrs. or _____ min.
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8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc. Mail Carrier9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year) 6/1611. Total time (years)
spent in this
occupation 30 yrs12. BIRTHPLACE (city or town)
(State or country) New York13. NAME Henry B. Harvey14. BIRTHPLACE (city or town)
(State or country) New York15. MAIDEN NAME Mary B. Burton16. BIRTHPLACE (city or town)
(State or country) New Haven Conn.17. INFORMANT Sister May Burgess
(Address) Hyattsville Md18. BURIAL, CREMATION, OR CEREMONIAL
Place Cedar Hill Md Date Apr 1, 193619. UNDERTAKER Mary E. Humphrey
(Address) Raccolle Md20. FILED April 11, 1936 Mrs. Jay Sergeant
Deputy Coroner Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

April 3 (Month) 1936 (Dey) 1936 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

June 30, 1933, to Apr. 3, 1936I last saw him alive on Apr. 2, 1936; death is said
to have occurred on the date stated above, at 9 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Chronic Intestinal
Inflammation

Date of onset

1921

Other Contributory Causes of Importance:

Name of operation None Date of 1936What test confirmed diagnosis? Hemolytic Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ✓ Date of Injury 1936Where did injury occur? ✓

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ✓Nature of injury ✓24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify ✓(Signed) Albert C. Norcross M. D.(Address) 152 Taylor St. Hyattsville Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	MAY 4, 1936
Chronic interstitial nephritis	
Cerebral hemorrhage	BUREAU V. S.

Date of onset

1915

1921

Date of onset

July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gallstones

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County *Per his les*Village or City *Near*

Bowie MD

4240

Registration Dist. No. 243

St. Ward

Length of residence in city or town where death occurred 13 yrs.

If death occurred in a hospital or institution, give its NAME instead of street and number

mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Stephen G. Lanham

(a) Residence: No.

Near Bowie MD St.

(Usual place of abode)

World War Veteran

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of*Nettie Lanham*

6. DATE OF BIRTH (month, day, and year)

March 19 1869

7. AGE

67

Years Months Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

*Farmer**at present*

12. BIRTHPLACE (city or town)

(State or country)

Collington MD

MOTHER FATHER

13. NAME

Stephen Lanham

14. BIRTHPLACE (city or town)

(State or country)

Unknown

15. MAIDEN NAME

Mary E. Henry

16. BIRTHPLACE (city or town)

(State or country)

MD

17. INFORMANT

(Address)

Stephen Clifford Lanham

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

Bethany Cemetery Apr 9, 1936

19. UNDERTAKER

(Address)

W. G. Ladwig Sons

20. FILED

Date

April 1, 1936

Registrar

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

21. DATE OF DEATH

April 5

(Month)

(Day)

1936

(Year)

22. I HEREBY CERTIFY THAT I attended deceased from

viewed body after death

I last saw h. alive on 19; death is said

to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Heart Failure

Primary Cause: Coronary thrombosis

Cause: Custer

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

James H. Truitt(Signature) *Elmer Dale* M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

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1. PLACE OF DEATH

County

Since Georges

Village or City

Mt. Brentwood

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME

(a) Residence: No. 216 John

(Usual place of abode)

St. 2 Ward.

Registration Dist. No. 245

St. 2 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

c

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Single Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

11 22

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT
(Address)18. BURIAL, CREMATION, OR REMOVAL
Place

Date

19. UNDERTAKER
(Address)

20. FILED

Date

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UNITED STATES STANDARD CERTIFICATE OF DEATH

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	MAY 4 1936	Date of onset 1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUR. ALL V. S.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

4242

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County: Prince Georges
Village or City: Upper Marlboro Md

93-C

Registration Dist. No.

232

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 75 yrs. mos. 16 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lucy Elagall Brathway
(a) Residence: Nd. (Usual place of abode)

If U. S. Veteran, specify WAR

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
5a. If married, widowed, or divorced HUSBAND of St. Marshall Brathway		
6. DATE OF BIRTH (month, day, and year) March 23 - 1861	7. AGE 75 Years	Months Days If LESS than 1 day, hrs. or min.
16		

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)	
11. Total time (years) spent in this occupation	

12. BIRTHPLACE (city or town)
(State or country) Prince Georges Co Md

13. NAME William F. Brathway

14. BIRTHPLACE (city or town)
(State or country) Prince Georges Co Md

15. MAIDEN NAME Sarah Eliza Elagall

16. BIRTHPLACE (city or town)
(State or country) Prince Georges Co Md

17. INFORMANT Charles C. Brathway 2nd
(Address) Upper Marlboro Md

18. BURIAL, CREMATION, OR REMOVAL
Place: Cedar Lane Cemetery Date: Apr 10, 1936

19. UNDERTAKER Hoblins Bros.
(Address) Upper Marlboro

20. FILED April 9, 1936 Newell Smith
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

April

8

1936

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from for the past 19 10 days, 19 36.

I last saw him alive on April 8, 1936; death is said to have occurred on the date stated above, at 8 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Appendicitis
5 years duration
Chronic Severe myocarditis
about 5 years duration

Other Contributory Causes of Importance:

Acute Edema & gout 3 days

Name of operation None Date of 1936

What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? None Date of injury 1936

Where did injury occur? None (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury None

Natura of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Charles C. Brathway M. D.
(Address) 1015-16 1/2 Charles Street, Baltimore, Maryland

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	MAY 5 1936
Cerebral hemorrhage	July 5, 1927
BUREAU V. S.	

The principal cause of death and related causes of importance were as follows:

Example II

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gallstones

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

4243

239

1. PLACE OF DEATH

County P. O. Box
Within Corporate Limits Laurel
Village or City Laurel and

Registration Dist. No. XNo. 300 Wash Blvd St., Ward(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? years mos. ds.2. FULL NAME William Elmer Marshall(a) Residence: No. 300 Wash Blvd St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
-----------------	---------------------------	--------------------------------------------------------------------------

5a. If married, widowed, or divorced
HUSBAND of
(or wife of) Blanche V. Marshall

6. DATE OF BIRTH (month, day, and year)	Sept 19 1877		
7. AGE	Years <u>58</u>	Months <u>7</u>	Days <u>9</u>
	If LESS than 1 day, _____ hrs. or _____ min.		

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Boilermaker</u>	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u></u>	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <u>33</u>

12. BIRTHPLACE (city or town)
(State or country) Clark Co Va13. NAME James W Marshall14. BIRTHPLACE (city or town)
(State or country) Clark Co Va15. MAIDEN NAME Sally Lancaster16. BIRTHPLACE (city or town)
(State or country) Clark Co Va17. INFORMANT Blanche V. Marshall
(Address) 6 Clark Co Va Laurel18. BURIAL, CREMATION, OR REMOVAL
Place National Capitol Memorial Park Date May 1, 193619. UNOBTAINABLE
(Address) Laurel20. FILED April 30, 1936 M. Brashears
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 7/28/36(Month) July (Day) 28 (Year) 193622. I HEREBY CERTIFY That I attended deceased from
3-8 to 3-19 1936 death is saidI last saw him alive on 7/28/36 to 1936; death is saidto have occurred on the date stated above, at 7 p.m.
The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Chronic bronchitis
Acute felonies
Chronic myocarditis

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____ M. D. _____

(Signed) NFB _____(Address) Kansas City _____ M. D. _____

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	MAY 5 1936	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		Other contributory causes of importance:
Gallstones	May 1, 1923	Gastroenteritis
		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

4244

1. PLACE OF DEATH

County Prince Georges
Village or City Mt. Rainier

93-C

Registration Dist. No.

246

St., Ward

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Henry John Mc Namara

(a) Residence: No. 3971 32nd (Usual place of abode)

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 28, 1921

7. AGE Years Months Days If LESS than
14 5 22 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. School Boy
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Brooklyn
(State or country) N. Y.

13. NAME John J. Mc Namara

14. BIRTHPLACE (city or town) Brooklyn
(State or country) N. Y.

15. MADIOEN NAME Rose Flynn

16. BIRTHPLACE (city or town) Brooklyn
(State or country) N. Y.17. INFORMANT John J. Mc Namara
(Address) 3971 32nd St.

18. BURIAL, CREMATION OR REMOVAL Place Washington D.C. Date 4/21/36

19. UNDERTAKER Francis J. Collins
(Address) 3619-14th St. NW Wash. D.C.

20. FILED April 21, 1936 (Date death known)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 22nd, 1936

(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from April 13, 1936 to April 20, 1936

I last saw him alive on April 19, 1936; death is said to have occurred on the date stated above, at 11:45 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Endocarditis

Date of onset

7th

Other Contributory Causes of importance:

Myocarditis

12:30

Name of operation Major Date of

What test confirmed diagnosis? Mental Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Class of 1936 M. O.

(Address) 3066 1/2 NW D.C.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

MAY 7 1928

BUREAU OF

Other contributory causes of importance: V. S.

Gallstones

May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

4245

1. PLACE OF DEATH

County Prince GeorgeVillage or City Capital Heights

93a

Registration Dist. No. 242St. WardLength of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. John P. Palmer(Usual place of abode) Richards ave.St. Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE Male White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofEmily R. Palmer

6. DATE OF BIRTH (month, day, and year)

Aug 8, 1859

7. AGE

Years 76 Months 8 Days - If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Artist

12. BIRTHPLACE (city or town)

(State or country) London
England

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address) Conney Owen
Richards ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 7/10, 1936

19. UNDERTAKER

(Address) Wm. H. Lardo & Co.
412-4 St. N.E. Wash. D.C.

20. FILED

(Address) April 7, 1936 John E. Meahl
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

April 7, 193622. I HEREBY CERTIFY, That I attended deceased from March 1st, 1936 to April 7, 1936
I last saw him alive on April 7, 1936 death is said to have occurred on the date stated above, at 945 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

chronic myocarditis

Date of onset

Other Contributory Causes of Importance:

cardiac failure

Name of operation

Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature) John E. Meahl M. D.
(Address) 601 Madison Avenue

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows: **EIVED**

Arteriosclerosis	Date of onset
Chronic interstitial nephritis	MAY 6 1936
Cerebral hemorrhage	July 5, 1937

Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH 4246

1. PLACE OF DEATH

County *Prince George*

159

Registration Dist. No.

239

Village or City *Laurel, Md.*

St., Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Baby Sigm. Poe

If U. S. Veteran, specify WAR

(a) Residence: No.

Laurel, Md. 1760

Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

*single*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, end year)

April 4, 1932

7. AGE

Years

Months

Days

If LESS than
1 day, 6 hrs.
or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

*Laurel
Maryland*

MOTHER

FATHER

13. NAME

Edgar A. Poe

14. BIRTHPLACE (city or town)

(State or country)

Maryland

15. MATURE NAME

Dorothy H. Bauer

16. BIRTHPLACE (city or town)

(State or country)

*Baltimore
Maryland*

17. INFORMANT

(Address)

*Edgar A. Poe**Laurel, Md.*

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

At Home April 15, 1936

19. UNDERTAKER

(Address)

Edgar A. Poe, Factor

20. FILED

Date

*April 4, 1936 M. Brashears
State Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

4/4

(Month)

(Day)

1936
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

*4/4, 1936, to 4/4, 1936*I last saw her alive on *4/4, 1936*; death is said to have occurred on the date stated above, at *10 a.m.*

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Prematurity**Maternal overexertion*

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? *no*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Lifting furniture

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

*B. Pharrow
Pupil*

M. D.

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED
Example I

The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	Date of onset MAY 5 1936
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:	
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Other contributory causes of importance:	
Gallstones	May 1, 1928

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

4247

1. PLACE OF DEATH

County

Grace George
Pine Grove

Registration Dist. No.

242

Village or City

No. Walker Mill Rd St., Ward

Length of residence in city or town where death occurred. — yrs. — mos. — ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female Negro

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

April 21, 1936

7. AGE

Years Months Days

If LESS than
1 day, ____ hrs.
or ____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

(State or country)

Pine Grove
Maryland

13. NAME

Proctor Nichols

14. BIRTHPLACE (city or town)

(State or country)

Dr Geo Co., Md

15. MAIDEN NAME

Harper, Laura

16. BIRTHPLACE (city or town)

(State or country)

Dr. Geo. Co. Md

17. INFORMANT

(Address)

Proctor, Laura

Place _____ Date April 21, 1936

18. BURIAL, CREMATION, OR REMOVAL

Place _____ Date April 21, 1936

19. UNDERTAKER

(Address)

Nichols Proctor (acting)
Pine Grove, Md.

20. FILED

April 21, 1936

Grace Dore
Secretary

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

April

21

, 1936

22. I HEREBY CERTIFY. That I attended deceased from

19

to

19

I last saw him alive on _____, 19____; death is said
to have occurred on the date stated above, at _____ m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Stillborn; died in
uterus - passed as
a macerated foetus
of about 7 mo gestation

Date of onset

Other Contributory Causes of importance:

Name of operation no Date of _____What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did Injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Grace Dore, Pineyberry M. D.(Address) 812-4416; B. J. C.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis	MAY 6, 1930	1915
Cerebral hemorrhage	BUREAU V. S.	1921

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

4248

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Prince Georges

958

Registration Dist. No.

245

Village or City Brentwood

St.

Ward

Length of residence in city or town where death occurred 12 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Harry W. Rausch(a) Residence: No. 3576 Bunkerhill Rd St. Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofGladys W. Rausch

6. DATE OF BIRTH (month, day, and year)

Sept 15 1888

7. AGE

Years 47Months 6Days 14If LESS than
1 day, _____ hrs.
or _____ min.

8. OCCUPATION

Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)Sept 36 11. Total time (years)
spent in this
occupation 28 yrs.Govt EmployeeBureau of Migr.12. BIRTHPLACE (city or town)
(State or country)ChicagoIll.

13. NAME

Henry Rausch14. BIRTHPLACE (city or town)
(State or country)Ohio

15. MAIDEN NAME

Rose Miller16. BIRTHPLACE (city or town)
(State or country)Unknown

17. INFORMANT

(Address)

Harry W. Rausch3576 Bunkerhill Rd

18. BURIAL, CREMATION, OR REMOVAL

Place

Chicago IllDate Apr 5, 1936

19. UNDERTAKER

(Address)

O. F. Rausch SonsHagerstown Md

20. FILED

Date

April 4, 1936Mo. has SevereWidely Local

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

April

2

(Month) (Day)

, 1936
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

April 2, 1936 to April 2, 1936; death is saidI last saw h. in alive on April 2, 1936; at 10:45 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Cardiac Dilatation

Date of onset

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

and

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

John W. Rausch

M. D.

(Address)

John W. Rausch Jr. 1740

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 4, Oct. Cor.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County. Prince George's .
Village or City. Silesia.

93-C

Registration Dist. No.

4249

234

St,

Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Olivia Robey.

(a) Residence: No. Same.

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

John A. Robey.

6. DATE OF BIRTH (month, day, and year) Nov. 25-1871.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	4	20	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

H. W.

12. BIRTHPLACE (city or town)
(State or country) Prince George's.
Md.

13. NAME Benjamin Garner.

14. BIRTHPLACE (city or town)
(State or country) P. G. Co.
Md.

15. MAIDEN NAME Martha Rollings.

16. BIRTHPLACE (city or town)
(State or country) Md.17. INFORMANT John A. Robey.
(Address) Silesia, Md.18. BURIAL, CREMATION, OR REMOVAL
Place Providence Cemetery Date 4-17- 193619. UNDERTAKER Thomas F. Munagh & Sons
(Address) Washington D. C.20. FILED Apr 16, 1936 Mrs. Alton Davis
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

April 15
(Month) (Day)1936
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

Feb 1935 to April 15, 1936. I last saw her alive on April 13, 1936; death is said to have occurred on the date stated above, at 2:50 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Coronary Thrombosis

Date of onset
1935

Other Contributory Causes of importance:

Myocardial degeneration 1935

Name of operation

What test confirmed diagnosis? Electrocardiogram Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

Specify city or town, county and State

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) R. T. Hollingsworth
(Address) 418 Good Hope Rd. St. M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Prince George's
Village or City Upper Marlboro, Md.

115-a

Registration Dist. No. 232

4250

Length of residence in city or town where death occurred.

yrs. 1 mos. 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Baby Bird Savoy(a) Residence: No. Upper Marlboro Md

(Usual place of abode)

Joseph Garnett

If U. S. Veteran, specify WAR

St. Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
--------------------	---------------------------------	-------------------------------------------------------------------------

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofInfant6. DATE OF BIRTH (month, day, and year) Feb 17, 1936

7. AGE	Years	Months	24 Days	If LESS than 1 day, _____ hrs. or _____ min.
			<u>1</u>	<u>27</u>

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Infant</u>	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Infant</u>	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) <u>Gallinger Hosp Upper Marlboro Md</u>	<u>Md. Wash, D. C.</u>
---------------------------------------------------------------------------------------------	------------------------

13. NAME <u>Joseph Brown</u>

14. BIRTHPLACE (city or town) (State or country) <u>Creamer Md</u>

15. MAIDEN NAME <u>Unmarried</u>

16. BIRTHPLACE (city or town) (State or country) <u>Upper Marlboro Md</u>

17. INFORMANT <u>Wallynn L. Savoy</u> (Address) <u>Upper Marlboro Md</u>

18. BURIAL, CREMATION, OR REMOVAL Place <u>Halle Md</u> Date <u>April 7, 1936</u>

19. UNDERTAKER <u>Pittie Brothers</u> (Address) <u>Upper Marlboro Md</u>

20. FILED <u>April 7, 1936</u> Name <u>James F. Garrison</u> Registrar <u> </u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April(Month) 6 (Day) 1936 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Dead on April 19, 1936

19

I last saw h. _____ alive on _____, 19____; death is said to have occurred on the date stated above, at _____ A. M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Septic sore Throat

Date of onset

Other Contributory Causes of Importance:

Hemorrhagic Myocarditis
Bronchial Pneumonia

Name of operation _____ Date of _____

What last confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was deceased or injury in any way related to occupation of deceased?

If so, specify Harry F. Garrison
(Signed) James F. Garrison M. D.(Address) Upper Marlboro

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	MAY 5 1936	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	BUREAU V. S.	1921

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

4251

1. PLACE OF DEATH

County *Prince George*Village or City *Rogers Height, Md.*

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

73-2

Registration Dist. No.

245

St. Ward

No. *Edmonston Rd.*

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME *Cassie Kendrick Schofield*(a) Residence: No. *Edmonston Rd. Rogers Height, Md.*

(Usual place of abode)

If U. S. Veteran, specify WAR

Ward.

If nonresident give city or town and State

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Fr.

4. COLOR OR RACE

St.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

5a. If married, widowed, or divorced

HUSBAND

(or) WIFE of

Wm Schofield

6. DATE OF BIRTH (month, day, and year)

Jan 24, 1854.

7. AGE

82

Years

2

Months

8

Days

1

If LESS than
1 day, _____ hrs.
or _____ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

At home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

Natchez, Mississippi

13. NAME

Isaiah H. Kendrick

14. BIRTHPLACE (city or town)

(State or country)

Mass

15. MAIDEN NAME

Nancy Paal

16. BIRTHPLACE (city or town)

(State or country)

Louisiana

17. INFORMANT

(Address)

*Wm. H. Schofield
Rogers Height, Md.*

18. BURIAL, CREMATION, OR REMOVAL

Place

Washington, D.C.

Date

April 2, 1936

19. UNDERTAKER

(Address)

H. W. G. Chambers Co.

517-11th St. S.E. Washington, D.C.

20. FILED

April 2, 1936

*Mrs. J. A. Severe
Registrar*

Department of Health

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

*April**2**1936*

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

*March 15, 1936, to April 2, 1936*I last saw her alive on *April 2, 1936*; death is said to have occurred on the date stated above, at *12 noon*.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Chronic Myocarditis
acute Cardiac Dilatation*Date of onset
6 month
7 days

Other Contributory Causes of importance:

Name of operation *none*

Date of

What test confirmed diagnosis *none*Was there an autopsy? *no*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury *19*

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify

F. A. Swartwood

(Signed)

(Address) *12 Roger Circle, D.C.*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset
	1915
Chronic interstitial nephritis	MAY 4 1936

RECEIVED
KIRKLAND V. S.

Other contributory causes of importance:

Gallstones	Date of onset
	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

4252

1. PLACE OF DEATH

County Prince GeorgeVillage or City Meadows-By-Lawood, Md.

93-2

Registration Dist. No. 232Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Levi Maria Lucy Simmons(a) Residence: No. Upper Marlboro Rd. 1, Md. St. Ward.

If U. S. Veteran, specify WAR

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE (negro)Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofAmbrose Simmons6. DATE OF BIRTH (month, day, and year) March 8 18697. AGE 67 Years 1 Months 22 Days 0 If LESS than
1 day, 0 hrs. or 0 min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Domestic9. Industry or business in which work was done, as SILEK MILL, SAW MILL, BANK, etc. at Home10. Date deceased last worked at this occupation (month and year) Jan 1 1936 11. Total time (years) spent in this occupation Life12. BIRTHPLACE (city or town) Prince George Co. Md. (State or country)13. NAME Levi's Grods.14. BIRTHPLACE (city or town) Maryland (State or country)15. MAIDEN NAME Eliza Cook16. BIRTHPLACE (city or town) Maryland (State or country)17. INFORMANT Jessica Proctor (Address) Upper Marlboro Rd. 118. BURIAL, CREMATION, OR REMOVAL Place Mr. Carmel Cem. Date May 2, 193619. UNDERTAKER Pritchard Brothers (Address) Upper Marlboro, Md.20. FILED May 13, 1936 Large death Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Apr 30

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Jan 1, 1936 to Apr 30, 1936I last saw her alive on Apr 29, 1936; death is said to have occurred on the date stated above, at 5:45 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

General Arterio -
atherosclerotic
Chronic myocarditis
Arteritis & Periarteritis gangrenosa
of rt. foot

Other Contributory Causes of importance:

Large Ventral Hernia

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Daniel C. Van Natta M. D.(Address) Baltimore, Md., 111 N. Charles Street, Box 553

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Box 553 -

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	MAY 5, 1926	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V. S	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gallstones May 1, 1923

Other contributory causes of importance:

Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

4253

1. PLACE OF DEATH

County Prince GeorgeVillage or City BrentwoodLength of residence in city or town where death occurred 15 yrs.

8 mos.

ds.

No. 3620 Pevey

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

yrs.

mos.

ds.

2. FULL NAME Sarah Belle Link Sipes(a) Residence: No. 3620 PeveySt. Ward. X

(Usual place of abode)

Registration Dist. No. 246

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F.

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

6a. If married, widowed, or divorced

HUSBAND OF
(or) WIFE ofCecil G. Sipes

6. DATE OF BIRTH (month, day, and year)

Oct 26, 1880

7. AGE

Years 55Months 5Days 8If LESS than
1 day, _____ hrs.
or _____ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country) MoorefieldWest VirginiaWest Virginia

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage		July 5, 1927
	MAY 7 1936	

Other contributory causes of importance:

Gallstones	BUREAU V. S.	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

4254

1. PLACE OF DEATH

County Piney Georges.

210m

40

Registration Dist. No.

245

Village or City near Hyattsville

St., Ward

Length of residence in city or town where death occurred. yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Edgar M. Smit(a) Residence: No. Sacred Heart Home (Usual place of abode)

If U. S. Veteran, specify WAR

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male white married

5a. If married, widowed, or divorced
HUSBAND of
(or wife of)

Dale M. Smit.

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 2 Months 20 Days If LESS than
77 Feb 1859 20 1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Retired Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

13. NAME Mr. Smit

14. BIRTHPLACE (city or town)

(State or country)

15. MAIDEN NAME Mary Shockett

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT Sister Gertrude of the

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Minneapolis Md Date May 1, 193619. UNDERTAKER Francis J. Collier(Address) 36 1/4-14th St. N. W. Wash. D. C.20. FIRED April 20, 1936 John D. Maloney(Address) Local Registrar M. D.

MEDICAL CERTIFICATE OF DEATH

730 AM

21. DATE OF DEATH

May

29

1936

22. I HEREBY CERTIFY. That I attended deceased from

19. to 19.

I last saw h. Boomer Care alive on

to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cause of death Cardiac occlusion
(Embolic)

Date of onset

Other Contributory Causes of importance:

Contributory cause Fracture right
clav.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Mar 12, 1936Where did injury occur? University Drive

Specify whether injury occurred in INDUSTRY, HOME, or in PUBLIC PLACE.

Place of injury Public placeManner of injury Struck by automobileNature of injury Fracture right clav.

24. Was disease or injury directly related to occupation or avocation?

If so, specify _____

(Signed) John D. Maloney M. D.(Address) Local Registrar

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	MAY 4 1936
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:	
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gallstones	May 1, 1923
	Gastroenteritis
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

(If death occurred in a hospital or institution, give its NAME instead of street and number)

yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

No.

159

Registration Dist. No.

425-

234

St.

Ward

No.

(If U. S. Veteran specify WAR)

St.

Ward.

X

If nonresident give city or town and State

No.

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Male

Colored single

If married, widowed, or divorced

HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

April 2, 1936

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

6 da

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Chapel Hill

MOTHER FATHER

13. NAME

Louis Ward

14. BIRTHPLACE (city or town)
(State or country)

Wash. D. C.

15. MAIDEN NAME

Thelma Hawkins

16. BIRTHPLACE (city or town)
(State or country)

Washington D. C.

17. INFORMANT

James Richard Hawkins
(Address) Route 2 Anacostia D. C.

18. BURIAL, CREMATION, OR REMOVAL

Place _____ Date April 9, 1936

19. UNDERTAKER

Charles Harris
(Address) Route 2 Anacostia D. C.

20. FILED

Apr. 8, 1936 Mrs. Alton Davis
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

April 8

(Month)

(Day)

1936
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

4-2-1936 to 4-8-1936; death is said

I last saw him alive on 4-5-1936; death is said

to have occurred on the date stated above, at 11 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Splenitis Neonatorum \$6.36
Date of onset

Other Contributory Causes of importance:

Prematurity

Name of operation _____ Date of _____

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury _____, 19____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Cyril A. Hawkins M. D.
(Address) 328 E. 80th St.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	MAY 6 1938
Chronic interstitial nephritis	S. 1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

4256

1. PLACE OF DEATH

County Prince GeorgeVillage or City Capt Lights

107-2

Registration Dist. No. 242St. WardLength of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S. if of foreign birth? mos. ds.2. FULL NAME Frederick Elmer Weare(a) Residence: No. 61st St + Wash. Ave

If U.S. Veteran specify WAR

St. Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE wh5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofLeah Weare

6. DATE OF BIRTH (month, day, and year)

May 18, 1870

7. AGE

Years 65Months 11Days 5If LESS than
1 day, _____ hrs.
or _____ min.

8. OCCUPATION

Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.Metal Lather9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

(State or country)

Concord
Mass

MOTHER

FATHER

13. NAME Elmer Weare14. BIRTHPLACE (city or town) Concord
(State or country) Mass15. MAIDEN NAME Catherine Lare16. BIRTHPLACE (city or town)
(State or country)Mass17. INFORMANT Warren H. Weare(Address) 61st + Wash Ave. Capt Lights

18. BURIAL, CREMATION, OR REMOVAL

Placa 517-11th St. 46 Dec. 4/23 192619. UNDERTAKER W. W. Chambers Co(Address) 517-11th St. 46 Wash DC20. FILED April 23, 1926 John O. Weare

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

APRIL 23

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from

I last saw him alive on APRIL 22, 1926; death is said
to have occurred on the date stated above, at 4:45 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:BRONCITO - PNEUMONIADate of onset
APRIL 12

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

ASPIRINATIONWas there an autopsy? NO

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury , 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter W. Weare M. D.(Address) 409-58 N.E. Washington

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance

Gallstones	May 1, 1923
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Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

4257

1. PLACE OF DEATH

County *Baltimore George*

131

Registration Dist. No.

242

Village or City *Capitol Hgts*

St., Ward

Length of residence in city or town where death occurred 18 yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U.S. if of foreign birth? yrs. mos.2. FULL NAME *ANNIE MAY Weisbacker* If U.S. Veteran specify WAR(a) Residence: No. *58 Gladyside* St., Ward.

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

*White*5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)*Widowed*

5a. If married, widowed, or divorced

HUSBAND (or) WIFE of

William Weisbacker

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than
1 day, hrs.
or min.*Feb. 28/1865*

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

*Housewife*12. BIRTHPLACE (city or town)
(State or country)*Washington D.C.*

13. NAME

*Cole*14. BIRTHPLACE (city or town)
(State or country)*Unknown*

15. MAIDEN NAME

*Unknown*16. BIRTHPLACE (city or town)
(State or country)*Unknown*

17. INFORMANT

(Address)

*Mr. Frank Weisbacker
58 Gladyside Ave. - Capitol Hgts*

18. BURIAL, CREMATION, OR REMOVAL

Place

Washington D.C.

Data

April 7, 1936

19. UNDERTAKER

(Address)

*W. M. Chambers Co.
512-115 St. Ft. St. E.*

20. FILED

(Address)

*April 7, 1936 Grace A. Lov
Deputy Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

*April**7**1936*

22. I HEREBY CERTIFY, That I, attended deceased from

*April 7, 1936, to April 7, 1936*I last saw deceased alive on *April 7, 1936*; death is said to have occurred on the date stated above, at *8:10 P.M.*

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Cardiac Vasculitis
Renal disease*

Date of onset

1936

Other Contributory Causes of Importance:

Cardiac & arterial

Name of operation

Date of

What last confirmed diagnosis? *None* Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *Geo. J. Eppur* M. D.(Address) *Geo. J. Eppur, M.D.
Wash. D.C.*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	RECEIVED	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	MAY 8 1926	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH 4258

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County *Prince George*
Village or City *Beltsville*

Registration Dist. No. *280*St. *280*

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME *Stillborn Weller*

(a) Residence: No.

(Usual place of abode)

St. *280* Ward. *X*

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Jim*4. COLOR OR RACE *W*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

April 21, 1936

7. AGE

Years

Months

Days

If LESS than
1 day, ____ hrs.
or ____ min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)*Beltsville, Md.*13. NAME *James A. Weller*14. BIRTHPLACE (city or town)
(State or country)*Gatrickton, Pa.*15. MAIDEN NAME *Clara Dickerson Hastings*16. BIRTHPLACE (city or town)
(State or country)*Delmar, Del.*17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place *Beltsville* Date *19*19. UNDERTAKER
(Address)20. FILED *19*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH *April 21*(Month) *April*(Day) *21*(Year) *1936*

22. I HEREBY CERTIFY, That I attended deceased from

April 21, 1936, to April 26, 1936

I last saw h. alive on , 19 ; death is said

to have occurred on the date stated above, at . m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Stillborn *Pneumonia*

Date of onset

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify *Stillborn* M. D.(Signed) *James A. Weller*(Address) *Beltsville*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

sig. B

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	MAY 6 1936	1921

	BUREAU V. S.
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Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

4260

1. PLACE OF DEATH

County Prince George
Village or City Colmar Manor

(110)

Registration Dist. No. 231St. WardLength of residence in city or town where death occurred 7 yrs. mos. ds. How long in U.S. If of foreign birth? mos. ds.2. FULL NAME Lawrence Russell Woltz(a) Residence: No. 210 Marshall Ave.

(Usual place of abode)

If U.S. Veteran specify WAR

St. Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lula E. Woltz

6. DATE OF BIRTH (month, day, and year)

April 4, 18847. AGE 52 Years Months Days 26 If LESS than
1 day, hrs. min.8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BODKEEPER, etc. Boiler Maker
9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc. U.S. Navy Yard Wash. D.C.
10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country) D.C.13. NAME John B. Woltz14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME Mary Boaz
16. BIRTHPLACE (city or town)
(State or country) Va17. INFORMANT Lula E. Woltz
(Address) Colmar Manor

18. BURIAL, CREMATION, OR REMOVAL

Place Colmar Date May 2, 1936

19. UNDERTAKER

(Address) F. J. Gadsby Sons
Bladensburg Md20. FILED May 2, 1936 Healy Stack
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

April301936

22. I HEREBY CERTIFY, That I attended deceased from

April 25, 1936, to April 30, 1936.I last saw him alive on April 29, 1936; death is said
to have occurred on the date stated above, at 2:26 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Pneumonia on R. Side

Data of onset

Other Contributory Causes of importance:

Had he had cold &
Bronchitis for 10 days

Name of operation _____ Date of _____

What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19 Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

He anywayManner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify (Signed) George H. May Jr. M.D.

M. D.

(Address) 2172 31st St. N.E. Wash. D.C.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
------------	-------------

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
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MAY 6 1938
ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BUREAU V. S.